

DC Department of Employment Services  
PREVAILING WAGE SURVEY UNIT

64 New York Avenue, NE • Room 3056  
Washington, DC 20002  
(202) 671-1643 (voice) • (202) 673-3796 (fax)

**PREVAILING WAGE REQUEST FORM**

Determination for: Labor Certification Application \_\_\_\_\_

Labor Condition Application \_\_\_\_\_

**EMPLOYER INFORMATION**

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Job Location: \_\_\_\_\_

No. of Employees: \_\_\_\_\_ Annual Gross Income: \$ \_\_\_\_\_

**APPLICANT INFORMATION**

Name of Alien: \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

D.O.T. Code:/O'Net Code: \_\_\_\_\_

D.O.T. Title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If necessary include attachments

**JOB REQUIREMENTS**

HOURS OF WORK PER WEEK: \_\_\_\_\_ YR(s) OF EXPERIENCE REQUIRED: \_\_\_\_\_ yr./\_\_\_\_\_ mo.

EDUCATION: \_\_\_\_\_

NUMBER OF EMPLOYEES ALIEN WILL SUPERVISE: \_\_\_\_\_

TITLE OF ALIEN'S IMMEDIATE SUPERVISOR: \_\_\_\_\_

**[FOR OFFICIAL USE ONLY]**

Valid thru: \_\_\_\_\_

\$ \_\_\_\_\_ Per \_\_\_\_\_

Source: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Wage and Salary Specialist